

**CERTIFIED  
LEVEL**

**COVER  
SHEET**



# **M**aster Beekeeper Program

WRITTEN EXAM SCORE: \_\_\_\_\_ PASS / FAIL

PRACTICAL EXAM: PASS / FAIL

Local Association: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Is Candidate a Current Member of the SC Beekeepers Association? YES NO (circle one)

*Note: Candidate MUST be a current year member of SCBA in order for any achievement to be recorded.*

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## **CERTIFIED WRITTEN EXAM**

Written Exam Date: \_\_\_\_\_ Score: \_\_\_\_\_

Written Exam Proctor Name: \_\_\_\_\_

Proctor's SCBA Certification Level: \_\_\_\_\_

*Note: Certification as SCBA Journeyman or above is required to Proctor at this level.*

Proctor's SIGNATURE: \_\_\_\_\_

Re-Take Exam Date: \_\_\_\_\_ Score: \_\_\_\_\_

Written Exam Proctor Name: \_\_\_\_\_

Proctor's SCBA Certification Level: \_\_\_\_\_

*Note: Certification as SCBA Journeyman or above is required to Proctor at this level.*

Proctor's SIGNATURE: \_\_\_\_\_

**CERTIFIED PRACTICAL EXAM**

Candidate Name: \_\_\_\_\_

Practical Exam Date: \_\_\_\_\_ Score: \_\_\_\_\_

Practical Exam Proctor Name: \_\_\_\_\_

Proctor's SCBA Certification Level: \_\_\_\_\_

*Note: Certification as SCBA Journeyman or above is required to Proctor at this level.*

Proctor's SIGNATURE: \_\_\_\_\_

Re-Take Exam Date: \_\_\_\_\_ Score: \_\_\_\_\_

Practical Exam Proctor Name: \_\_\_\_\_

Proctor's SCBA Certification Level: \_\_\_\_\_

*Note: Certification as SCBA Journeyman or above is required to Proctor at this level.*

Proctor's SIGNATURE: \_\_\_\_\_

I, \_\_\_\_\_, certify that I have owned/cared for honey bees  
(Print Candidate Name)  
for a minimum of 1 calendar year.

CANDIDATE SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_